

5

TAX (Continued)

- 14 Enter amount from line 13 14
- 15 Enter **Low Income Tax Credit** from worksheet in the instructions 15
- 16 Subtract line 15 from line 14 16
- 17 Enter **Child and Dependent Care Credit** from Form 1040A, Schedule 2, line 9
(or federal Form 2441, line 9) ➤ _____ x 20% (.20) 17
- 18 Subtract line 17 from line 16. This is your **Income Tax Liability** 18
- 19 Enter **KENTUCKY USE TAX** from worksheet in the instructions ➤ 19
- 20 Add lines 18 and 19. This is your **Total Tax Liability** 20
- 21 Enter **Kentucky Income Tax** withheld as shown on attached 1999 wage
and tax statements 21
- 22 If line 21 is larger than line 20, enter **AMOUNT OVERPAID** (see instructions) 22

- See instructions for a detailed description of funds. ➤ (Enter amount(s) checked)
- 23 a **Nature and Wildlife Fund Contribution**
☐ \$2 ☐ \$5 ☐ \$10 ☐ Other _____ 23a
- b **Child Victims' Trust Fund Contribution**
☐ \$2 ☐ \$4 ☐ Other _____ 23b
- c **Bluegrass State Games and U.S. Olympic Committee
Fund Contribution** 23c
- d **Veterans' Program Trust Fund Contribution** 23d

- 24 Add lines 23a, 23b, 23c and 23d 24
- 25 Subtract line 24 from line 22. Amount to be **REFUNDED TO YOU** **REFUND** 25

6

TAX PAYMENT SUMMARY


- 26 If line 20 is larger than line 21, enter **ADDITIONAL TAX DUE** 26
- 27 (a) 2210-K penalty _____ (c) Late payment penalty _____
- ☐ Check if Form 2210-K attached (d) Late filing penalty _____
- (b) Interest _____ (e) Add lines 27(a) through 27(d). Enter here 27(e)


- 28 Add lines 26 and 27(e) and enter here. This is the **AMOUNT YOU OWE** **OWE** 28

Make check payable to **Kentucky State Treasurer**. Write your Social Security number and "KY Income Tax—1999" on the check.

- 7 Do you wish to receive a packet next year, or do you need **only** a name and address label for filing your 2000 return? (check one) ➤ ☐ Packet ☐ Label

8 I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

 Your Signature (If joint or combined return, both must sign.)


 Spouse's Signature

Date Signed

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date

 Telephone Number (daytime)

42A740S9923



Mail to: **REFUNDS** Kentucky Revenue Cabinet, Frankfort, KY 40618-0006.

PAYMENTS Kentucky Revenue Cabinet, Frankfort, KY 40619-0008.